

KERN COUNTY CONSORTIUM FOR SPECIAL EDUCATION

SURROGATE PARENT VOLUNTEER APPLICATION

District _____

Please return to:

Attn: _____

Kern County Consortium SELPA
1300 17th Street
Bakersfield, CA 93301

Mailing list

Please read carefully and fill in completely. Please print or type.

<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		Last Name	First Name	Home Telephone
Home address (street, city, ZIP)				Bus. Phone
				Ethnicity
EDUCATION AND EXPERIENCE				
Grade level achieved		Volunteer experience		
Now employed at		Work experience		
Languages spoken fluently other than English		Do you have sign language skills? (specify type)		
PLACEMENT PREFERENCES				
<input type="checkbox"/> Willing to go where needed <input type="checkbox"/> Near home		Can serve: <input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Afternoon	Days I can serve:	Maximum number of hours per day:
Grade level I prefer				
<input type="checkbox"/> Infant/Primary <input type="checkbox"/> Preschool <input type="checkbox"/> Primary (1-3) <input type="checkbox"/> Intermediate <input type="checkbox"/> Middle School/Junior High <input type="checkbox"/> High School				
Disability/Special Need Preference:				
<input type="checkbox"/> LD <input type="checkbox"/> Blind <input type="checkbox"/> MR <input type="checkbox"/> Autistic <input type="checkbox"/> Deaf/Hard of Hearing/Physical impairments <input type="checkbox"/> Language delays				
I heard about the Surrogate Parent program from:				
<input type="checkbox"/> Flyer/Brochure <input type="checkbox"/> Volunteer Organization <input type="checkbox"/> District Personnel <input type="checkbox"/> Newspaper <input type="checkbox"/> Other _____				
IN CASE OF EMERGENCY, NOTIFY:				
Name		Address		Telephone

ADDITIONAL INFORMATION

Have you had any affiliations with this School District/County Office in any capacity as a parent or a professional?

Yes No

If so, what was your role and which school were you associated with? _____

Are you willing to participate in a training on the role, rights and responsibilities of an educational surrogate parent?

Yes No

To serve as a special education surrogate parent, it must be established that you have no interests that conflict with the interests of the child. Therefore, we are asking you to answer the following questions:

Are you an employee of this School District/County Office or any public agency involved in the education or care of the child? Yes No

Do you hold a job that might restrict or bias your ability to advocate for the child's educational needs? Yes No

Do you hold any position that might subject you to administrative influence or reprimand for the faithful execution of your duties as an educational representative? Yes No

Do you hold any opinion or institutional bias against any Kern County school district or County Office? Yes No

Do you have a valid California Driver's License and Automobile Insurance? Yes No

Have you ever been convicted of an felony or misdemeanor? Yes No

If yes, please explain: _____

COMMENTS

CERTIFICATION

I certify that all of the statements made on this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith.

Signature of Applicant (sign in ink)	Date Signed
--------------------------------------	-------------